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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)			Docket Number (Optional) 20916-004US
In re Application of EDWARD F. LEONARD			
	Application Number	Filed MARCH 15, 2004	
	For SYSTEMS AND METHODS OF BLOOD-BASED THERAPIES HAVING A MICROFLUIDIC MEMBRANELESS EXCHANGE DEVICE		
	Group Art Unit 1723	Examiner KIM, SUN U.	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a			
response in the above identified application.			
The requested extension and appropriate non-small-entity fee are as follows (check time period desired):			
☐ One month (37 CFR	1.17(a)(1))		\$
☑ Two months (37 CFI)	months (37 CFR 1.17(a)(2))		\$ <u>450.00</u>
☐ Three months (37 C	hree months (37 CFR 1.17(a)(3))		\$
☐ Four months (37 CF	Four months (37 CFR 1.17(a)(4))		\$
☐ Five months (37 CF	R 1.17(a)(5))		\$
above is reduced by one-half, and the resulting fee is: \$ 225.00 .  A check in the amount of the fee is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Commissioner has already been authorized to charge fees in this application to a Deposit Account.  The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-3840 .  I have enclosed a duplicate copy of this sheet.  I am the plicant/inventor.  assignee of record of the entire interest. See 37 CFR 3.71			
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
attorney or agent of record.			
□ attorney or agent under 37 CFR 1.34(a).			
Registration number if acting under 37 CFR 1.34(a). 38720 .			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
January 12, 2007		$\sim$	mayu
Date			Signature
		Mark A	Catan Reg. No. 38,7820
Typed or printed name  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
turns in more unan one signature is required, see below.			

Burder Hour Statement This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Cheel Information Officer, U.S. Patient and Trademark. Officer, Washington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patients, Washington, DC 20231.